

EXHIBIT 7

Massachusetts Registry of Motor Vehicles RMV-1 Application Form (617) 351-1000 http://www.massrmv.com									
1. Reg Eff Date		2. Reg Exp Date		5. Plate Type					
Registration/Vehicle Information									
9. Type of Registration: <input type="checkbox"/> Passenger <input type="checkbox"/> Bus <input type="checkbox"/> Taxi <input type="checkbox"/> Livery <input type="checkbox"/> Commercial <input type="checkbox"/> Trailer <input type="checkbox"/> Auto Home <input type="checkbox"/> Semi-Trailer <input checked="" type="checkbox"/> Motorcycle <input type="checkbox"/> Other									
11. Year 2003	12. Make HD	13. Model Name FLTR-I	14. Model # T	15. Body Style MC	16. Circle Color (s) of Vehicle: 0-Orange 1-Black 2-Blue 3-Brown 4-Red 5-Yellow 6-Green 7-White 8-Gray 9-Purple				
18. Transmission <input type="checkbox"/> Automatic <input checked="" type="checkbox"/> Manual		19. Total Gross Weight (Laden)		20. Motor Power <input checked="" type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Other		21. Bus: <input type="checkbox"/> Regular <input type="checkbox"/> DPU <input type="checkbox"/> Livery <input type="checkbox"/> Taxi <input type="checkbox"/> School Bus If carrying passengers for hire, max no of passengers that can be seated: _____ If school bus, is it used exclusively for city, town, or school district: <input type="checkbox"/> Other			
Owner Information				22. Owner 1 License #/State S29714206 MA		23. Owner 2 License #/State		24. EINE#	
25. Owner 1 Name (Last, First, Middle) VELASQUEZ, EDWIN						26. Owner 1 Date of Birth 6/10/1970			
27. Owner 2 Name (Last, First, Middle)						28. Owner 2 Date of Birth			
29. City/Town (or Name of Name) (See block 24)						30. City/Town Where Vehicle is Principally Kept Saugus			
31. Mailing Address 23 CLINTON AVE				City SAUGUS		State MA		Zip Code 01906	
32. Residential Address				City		State		Zip Code	
33. For Leased Vehicles include License Number, Date of Birth and State or EIN/FID Number and Name of Lessee									
34. For Leased Vehicles, Include Address, City, State, and Zip Code of Lessee									
Signatures									
I, THE APPLICANT, HEREBY CERTIFY UNDER THE PENALTIES OF PERJURY THAT THERE ARE NO OUTSTANDING EXCISE TAX LIABILITIES ON THE VEHICLE DESCRIBED ABOVE THAT HAVE BEEN INCURRED BY THE APPLICANT, ANY MEMBER OF THE APPLICANT'S IMMEDIATE FAMILY WHO IS A MEMBER OF THE APPLICANT'S HOUSEHOLD OR THE BUSINESS PARTNER OF THE APPLICANT. THE UNDERSIGNED HEREBY FURTHER CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF. FALSE STATEMENTS ARE PUNISHABLE BY FINE, IMPRISONMENT OR BOTH.									
35. Signature of Owner from Block 25 or 29. Also Print Name If Different [Signature]									
36. Signature of 2nd Owner from Block 27. Also Print Name If Different [Signature]									
37. Authorized Dealer's Signature				38. Dealer Reg No. 1					
39. Seller's Name (Please Print) CYCLE CRAFT COMPANY INC.									
40. Seller's Address 1760 REVERE BEACH PKWY (RT 16) EVERETT MA 02149									
Insurance Certification									
THE COMPANY SIGNATORY HERETO HEREBY CERTIFIES THAT IT HAS OR WILL INSURE OR GUARANTEE PERFORMANCE BY THE APPLICANT HEREIN BEFORE NAMED WITH RESPECT TO THE MOTOR VEHICLE HEREIN BEFORE DESCRIBED FOR A PERIOD AT LEAST CONTEMPORANEOUS WITH THAT OF SUCH REGISTRATION UNDER A MOTOR VEHICLE LIABILITY POLICY, BINDER OR BOND WHICH CONFORMS TO THE PROVISIONS OF GENERAL LAWS, CHAPTER 175, SECTION 113A, AND THAT THE PREMIUM CHARGE AND CLASSIFICATION ON THE EFFECTIVE DATE OF REGISTRATION ARE AS ESTABLISHED BY THE COMMISSIONER OF INSURANCE UNDER CHAPTER 175, SECTION 113B, 113H AND CHAPTER 175E.									
41A. Policy Effective Date: _____									
Policy Change Date: _____									
41B. Manual Class: 41C. Ins. Company & Code: _____									
Insurance Co's Authorized Representative's Signature _____									
Title Data		42. Date of Purchase 8/02/2003		43. Odometer Reading 10					
44. <input type="checkbox"/> New Vehicle <input type="checkbox"/> Used Vehicle If new vehicle, certificate of origin must be submitted									
45. Title Type: <input type="checkbox"/> Clear <input type="checkbox"/> Salvage <input type="checkbox"/> Reconstruct <input type="checkbox"/> Owner Retained <input type="checkbox"/> Theft <input type="checkbox"/> Prior Owner Retained									
46. Primary Salvage Title Brands: <input type="checkbox"/> Repairable <input type="checkbox"/> Parts Only				47. Secondary Salvage Brand					
Lienholder Information									
I/we certify that all liens on this vehicle are listed below									
50. First Lienholder Code		51. Name EAGLEMARK SAVINGS BANK		48. Date of 1st Lien 8/02/2003		49. Date of 2nd Lien			
52. Lien Address 4150 TECHNOLOGY WAY				CARSON CITY		NV		89706	
53. Second Lienholder Code		54. Name		55. Lien Address					
Sales or Use Tax Schedule									
A. SALE BY LICENSED MOTOR VEHICLE DEALER									
DEALER EIN/FID NUMBER: 042277611									
Total Sales Price: 20,425.00									
(adjusted for dealer's discount and manufacturer's rebate)									
Less Manufacturer's Excise: \$ N/A									
(on commercial vehicle over 10,000 lbs only)									
Net Sales Price: 20,425.00									
Less Trade-in Allowance for: \$ 0.00									
Yr: _____ Make: _____ Model: _____									
VIN No. Required on Trade In: _____									
Taxable Sales Price: 20,425.00									
5% Sales Tax: \$ 1,021.25									
B. SALES BY OTHER THAN MOTOR VEHICLE DEALER									
Gross Sales Price: \$ _____									
5% Use Tax (Bill of Sale Must Be Shown): \$ _____									
C. CLAIM EXEMPTION FROM TAX									
Exempt Organization Certificate Number: _____									
See Attached Form 1, 3, Other: _____									
Fee Information									
Reg. _____ Title _____ Tax _____									
TOTAL \$ _____									
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other									
Batch No. _____									
Clerk Initials: _____									
H-D 0510 Confidential									
Not Valid Until Stamped With Official Stamp or Registrar's Signature									